no statistically significant association was found between MS and variables such as age, gender, age at onset of illness, duration of illness, family history of schizophrenia, type of the antipsychotic medication and smoking.

Conclusion: The prevalence rate of MS was 37.0% for males and 16.7% for females under the age of 30 in our sample. A direct comparison for this age group could not be made as the general population data were not available. In the 30–39 age group, the prevalence of MS was 14.3% in males and 43.5% in females, whereas the rates were 20% and 24% respectively in the general population. In the 40–49 age group, the prevalence of MS was 58.3% in males and 40.7% in females, whereas the rates were 44% and 39% respectively in the general population. The 30- 39 age group of female and 40–49 age group of male patients had prevalence rates of 1.5 times the published rates in the Turkish population. MS also appears to occur at a younger age in schizophrenic patients. Our results indicate that the major risk factors underlying MS might be inherent in the psychiatric disease process itself, since none of the other parameters examined predicted its occurence. Since the findings presented here are preliminary, more conclusive results will be attained after the completion of the study.

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P.3.150 Chronic treatment of haloperidol decrease antioxidant activity and may cause hepatotoxicity, dose dependently

A. Hacimuftuoglu[1], N. Aydin[2]*, Z. Halici[1], B. Demircan[3], O. Sahin[4], E. Bakan[3]. [1]*Ataturk University, Pharmacology, Turkey;* [2]*Ataturk University, Psychiatry, Erzurum, Turkey;* [3]*Ataturk University, Biochemistry, Turkey;* [4]*Kocatepe University, Pathology, Turkey*

The greatest proportion of the hepatic clearance of haloperidol is by glucuronidation and by cytochrome P450 mediated oxidation. Releasing of transaminase enzymes from liver cells is known consequences of neuroleptic drugs, especially haloperidol. Free radicals may play an important role in the physiopathology of such disorders have hypothesized that during tardive dyskinesia, for instance, there are specific structural neuropathological changes and that cell membranes may be destabilized by the toxic action of free radicals produced during the chronic use of neuroleptics. This effect can be related, at least in part, to a reduction in specific endogenous antioxidant mechanisms, such as a decrease in reduced glutathione (GSH) levels.

The aim of the study was to investigate the histopatholocigal changes and oxidative effects of haloperidol on hepatic tissue in chronic treatment with different doses. 30 adult male Wistar albino rats weighing 180–210 g were used. Rats were divided into 5 groups. Haloperidol was given 0.5, 1 and 2.5 and 5 mg/kg doses, once a day, intraperitoneally in 1 ml volumes, for 10 weeks. For control animals, 1 ml of distilled water was administered in the same protocol. The ethic guidelines for animals were obeyed. We observed dose dependent cellular degeneration, perilobuler infiltration of inflammation cells, congestion of central veins and epithelial proliferation of bilier tractus. Haloperidol induced a significant decrease in the superoxide dismutase (SOD) content at 1 and 2.5 mg/kg doses and decrease malonile dehydrogenase (MDA) content in 1 mg/kg doses ($p < 0.05$). These observations shows that higher doses of haloperidol cause a decrease in antioxidant content and this may cause of hepatotoxicity. Clinicians must avoid from using of high-dose haloperidol.

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P.3.151 A randomized controlled trial in recent-onset schizophrenia. Effects on compliance of two years of continued intervention

G. Morken[1]*, R.W. Gråwe[2], J.H. Widen[3]. [1]*Østmarka Psychiatric Department St Olavs Hospital, Institute of Neuroscience, Medical Faculty, NTNU, Trondheim, Norway;* [2]*SINTEF Health Research, Trondheim, Norway;* [3]*Telemark Hospital HF, Psychiatric, Norway*

Purpose: The aims of the present study were in a randomized controlled trial of two years continued intervention in recent-onset schizophrenia, to reveal the effects on compliance and to look for predictors of good compliance.

Methods: Consecutive patients referred to a specialized psychiatric team for psychosis in Sor-Trondelag County, Norway aged between 18 and 35 years diagnosed with DSM IV schizophrenic disorders within two years of the onset of their psychotic symptoms. Compliance was assessed at inclusion and bi-monthly for two years. Non-compliance was defined as more than one month without medication or four times of more than one week without medication. Levels of critical, hostile or emotional overinvolved attitudes in families of the patients called Expressed Emotions (EE) were assessed at inclusion. Intervention Standard treatment (ST) was regular case management with antipsychotic drugs, supportive housing and day care, crisis inpatient treatment, rehabilitation that promoted independent living and work activity, brief psychoeducation and supportive psychotherapy. Patients receiving Integrated Treatment, (IT) were in addition to ST treated by a multidisiplinary team with a low case-load (patient-staff ratio approximately 1:10). Patients received structured family psychoeducation, cognitive-behavioural family communication, problem solving skills training and compliance treatment, intensive crisis management provided at home, and individual cognitive-behavioural strategies for residual symptoms and disability. Patients were randomized to IT and ST in a 3:2 ratio.

Results: 19 women and 31 men were included. 10 of the patients had little contact with their families, 23 patients living with families were rated as having high EE, 17 rated as having low EE. No differences between the two treatment groups were found during the two years in good compliance (IT 20/30, ST 14/20), use of depot-neuroleptics (IT 7/30, ST 5/20) or good compliance with oral neuroleptics (IT 17/30, ST 11/20). During the two years two